

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
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TOTAL IND.		↓		↓		↓		TOTAL IND.		↓	
TOTAL DEP.		↓		↓		↓		TOTAL DEP.		↓	
TOTAL CLAIMS		↓		↓		↓		TOTAL CLAIMS		↓	